
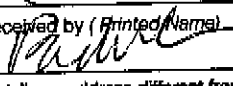


BR

07 cv 7032

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Michael Black 11354-424 P.O. Box 880 Ayers MA 01432			1/2/08
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7004 2510 0001 9569 3507		<p>3. Service Type</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

RECEIVED

JAN 02 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

FILED

JAN 02 2008 ym

JAN 02 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT